

10/732820

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.:	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/												
2								51					
3								52					
4								53					
5								54					
6								55					
7								56					
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43								92					
44								93					
45								94					
46								95					
47								96					
48								97					
49								98					
50								99					
								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.	54							TOTAL DEP.					
TOTAL CLAIMS	56							TOTAL CLAIMS					